

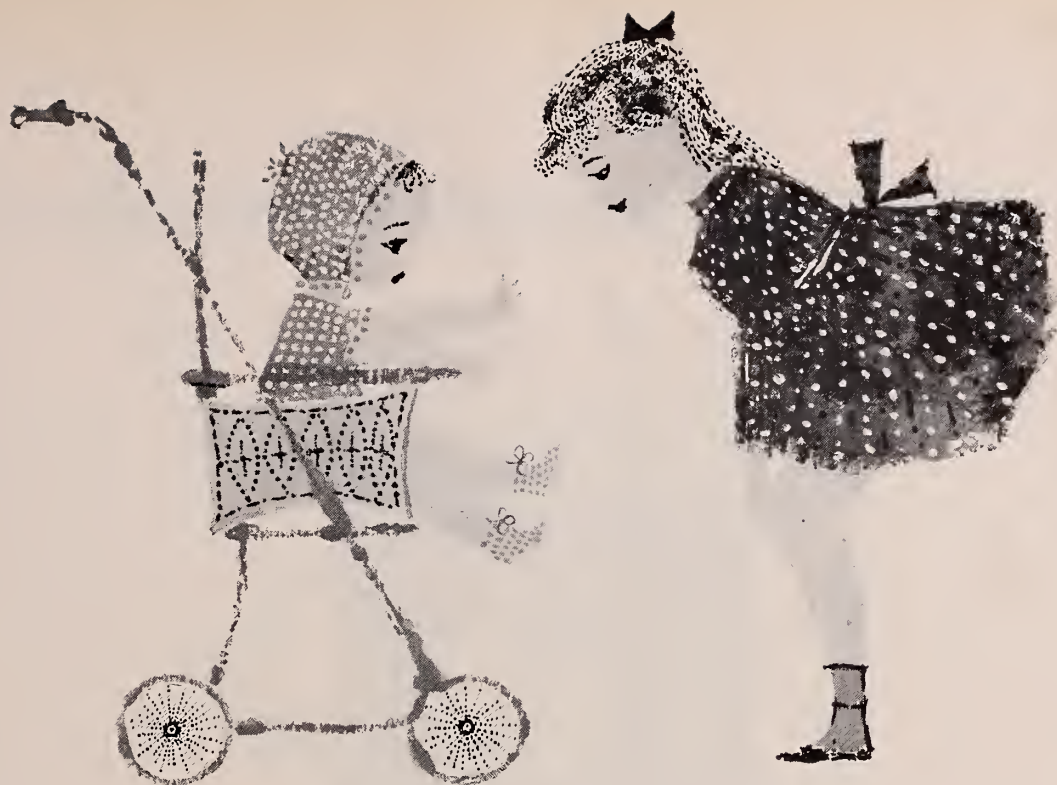
January 1957

HARVARD MEDICAL *ALUMNI BULLETIN*





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(1) Smith, N. J., and Rosello, S.: J. Clin. Nutrition 7:275, 1953. (2) Smith, C. H.: Bull. New York Acad. Med. 30:155, 1954. (3) Niccum, W. L.; Jackson, R. L., and Stearns, G.: A.M.A. Am. J. Dis. Child. 86:553, 1954.

MEAD JOHNSON

SYMBOL OF SERVICE IN MEDICINE

Airplane Backs the Pound Law

A fourth-year student at the Harvard Medical School and a mongrel dog combined in mid-November to bring national honors to the Medical School and Children's Hospital.

For his contribution to the development of a new technique in heart surgery, a 50-pound, black and white canine of mixed parentage who rejoices in the name of "Airplane," became the fifth annual "Research Dog Hero of the Year" of the National Society for Medical Research. Airplane's residence is the Surgical Research Laboratory at Children's Hospital, where, about a year and a half ago, Judah Folkman of Columbus, Ohio, working under Dr. Robert Gross, developed a new surgical technique for repair of an interventricular septal defect. Folkman found it possible to avoid open heart surgery—via Airplane—by cutting vertically through the ventricular septum to permit insertion of a polyethylene plastic patch over the defect. In dogs (the surgery has not yet been applied to humans) the area has healed well and smoothly. Airplane's high spirits and boundless energy attest to his own health.

On November 12, in appropriate ceremonies at the Children's Hospital, Dr. Gross and Mr. Folkman, ably assisted by Dr. Paul Dudley White and one of Dr. Gross's small heart patients, affixed a handsome collar around Airplane's neck. On the collar was a silver plate attesting to his contribution to medical science. Dr. George P. Berry, Dean of the Faculty of Medicine and a Director of the National Society for Medical Research, was on hand to witness and participate in the ceremonies, as were representatives of the Boston University and Tufts Schools of Medi-



Airplane

Bill Ward

cine and leading political, religious and civic figures from the Boston area.

The award to Airplane was a windfall beyond the honors to the Medical School and Hospital. For Massachusetts, one of the few states without a "pound law," may join its more enlightened brethren this legislative year. With the National Society for Medical Research reporting a national fall-off in the anti-vivisection hysteria that has marked prior years, the Massachusetts program now seems to have its best chance for success.

A bill has been introduced in both the Massachusetts House and Senate, authorizing qualified scientific groups to obtain from public pounds, for purposes of medical research and teaching, dogs or cats otherwise condemned to death. Although the primary purpose of the bill is to make stray, unclaimed dogs and cats available for medical research and teaching, the bill will, at the same time, afford greater protection to

pets by removing any profit motive. The legislation would be administered by the State Commissioner of Health who, after proper investigation, would issue licenses valid for one year. He would have the right to visit the laboratories at any time and to revoke licenses if standards are not maintained.

The need for animal investigation for continuing progress in medicine is obvious. While over 100,000 animals are put to death each year in the pounds of Massachusetts, the medical schools and hospitals are facing increasing difficulties in getting the 8,000 to 10,000 cats and dogs that are urgently needed each year. This need will grow still larger in the Medical School family with the opening of the new research laboratory at Boston City Hospital.

Public support, including that of the press, major religious groups and political and civic organizations, has been extremely encouraging to the Massachusetts Society for Medical Research, which has been responsible for the introduction of the bill in the Massachusetts legislature.

Support of the legislature is urgently needed, especially from Alumni in Massachusetts and among them, particularly those who are physicians to state legislators. They should be impressed with the importance of this bill to the future of medicine. Salient facts concerning the legislation, together with the names of the Representatives and Senators from their districts are being sent to Bay State Alumni by Dr. Thomas H. Lanman, Director of Alumni Relations. It is hoped that all will make it a point to write the state legislators urging their support of the bill.

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Education and Medicine

Nathan M. Pusey

PRESIDENT, HARVARD UNIVERSITY

Editor's note: Presented here is an address by President Nathan M. Pusey of Harvard University at the dedication of the new main building of the Children's and Infants' Hospital in Boston, on the afternoon of Friday, October 5, 1956.

It is a happy coincidence that the Children's Hospital was founded, if I am informed correctly, on January 23, 1869, just a few months before Charles W. Eliot was chosen to be the twenty-first President of Harvard. The prime mover in its establishment was Dr. Francis H. Brown, a graduate of Harvard College in the Class of 1857 and of the Harvard Medical School in 1861, another of those many graduates of Harvard who shared in the founding and developing of hospitals in Boston and in the whole progress of medicine here.

Sometime between 1869 and the present, Harvard became a university—as President Hill, Mr. Eliot's immediate predecessor, had hoped it would become—"in fact as well as in name." During the same period the Harvard Medical School grew to be one of the foremost centers for medical education in this country and the world. And at the same time there occurred major developments in the number and quality of Boston's hospitals.

It is not widely realized that before 1869 there was no university in this country in the sense in which this word is now understood. It is perhaps better known that the im-

perfect medical education of the earlier time underwent radical transformation during the decades after 1870, as did indeed the care of patients. So recent were the fundamental changes now taken for granted on which the progress of medicine in this community was to depend.

In a sense the advance was started by President Eliot. He taught mathematics and chemistry at Harvard for some seven or eight years after his graduation in 1853. In the early 1860's he resigned from the Faculty and went abroad. There he came face to face with the exciting intellectual developments which were creating the great modern continental universities of France, Germany, and Austria. More important for our purpose, he awakened to the realization that what then passed for the higher learning in America had in it a large element of pretense, and that American understanding concerning the range and potential of science was seriously outmoded. Mr. Eliot was excited to discover that European scholarship and research had a reach and depth which most people in the colleges at home had not even begun to suspect to be possible. He seems, then, in the face of this discovery to have resolved that energy, money, insight and purpose should be marshalled at once to bring America, or at least to bring Boston and Cambridge, abreast of the exciting new developments he had seen abroad.

Mr. Eliot returned to the United States, first to accept appointment on

the faculty of the newly founded Massachusetts Institute of Technology, and shortly thereafter to be chosen Harvard's president. Immediately he and his associates began to build a university and, in the process, to make over professional education, including medical education, in America.

In his very first annual report, given when the Children's Hospital, then situated at 9 Rutland Street in Boston, was only a few months old, Mr. Eliot said, "The whole system of medical education in this country needs reformation." It was his conviction that the teaching of medicine had to be taken away from proprietary schools wedded to practice and strongly implanted in universities. It was also necessary that it be joined to clinical teaching in hospitals. It had to become a full-time demanding occupation for both students and teachers. A course of lectures given during a few months as a supplement to apprentice training could no longer be considered adequate preparation. The study of medicine was to be rooted in laboratories, libraries and hospitals and carried on continuously and progressively over a period of years. It must recruit abler and better prepared teachers and students. And it must be endlessly concerned, as was the whole University, to advance knowledge.

President Eliot and those who cared about the progress of medicine in his generation were convinced of

the truth of these propositions, and forcefully and imaginatively set about translating them into fact.

It is, of course, an exaggeration to say that medical education began in Boston only this side of 1869. In actuality it had had a considerable and not undistinguished earlier history. But however much one praises the achievements of the early founders—the first Warrens, Jacksons, Shattucks, and the rest—the dramatic advances of the later years seem virtually to have constituted a new beginning which had been made necessary by the general progress of science. From Mr. Eliot's day medical education and medicine in Boston have gone on from strength to strength.

Today the pattern of medical education in America is well established, and it is sufficiently strongly implanted within the structure of the higher learning as to seem to be able to resist almost any misconceived effort which might now be made to turn the practice of medicine back into a trade. Medical education is today a mature, carefully articulated discipline of scientific investigation and learning. Its strength, here and elsewhere, springs from the co-ordinated efforts of many parts. At one end of the process its work goes on in a network of strong, well-equipped, carefully staffed and imaginatively directed hospitals, themselves fully committed to teaching, research and the advance of medical knowledge, as well as to the care of patients. Even the patient is now completely convinced that his care largely depends on the teaching and research which go on in hospitals. At the other end of the process in almost every center where medicine flourishes today there is a complex modern university with strong departments in all of the basic sciences and in many other fields which contribute to knowledge of men. These—the hospitals and the university—are the right and left hands of medical education. And between them, joining them, belonging to both, in both, using both, is the medical school itself. Throughout this whole

broad institutional sequence the process of seeking, investigating, learning and teaching goes forward, continuously, if with somewhat different emphases now and then in various of the parts.

Since the time when the elaboration of medical knowledge came under the aegis of the university, the boundaries of the known in the old subjects of medicine have been enormously extended, and almost endless new subdivisions have sprung up. This is the happy result of that advancing specialization which has now been carried on assiduously by competent scholars in many areas in all parts of the world through several generations. It cannot stop. But it presents a serious problem to pedagogy.

It was Archbishop Temple who observed some time ago that a modern university is in danger of becoming "a place where a multitude of studies are conducted, with no relation between them except those of simultaneity and juxtaposition." Insofar as this is true it is a misfortune—inevitable as it may sometimes seem—but when viewed through the student's eyes it could easily become a nightmare, because the student is expected to bring all of the myriad, complex, isolated pieces of his knowledge together into organic, intellectual union.

It is fortunate, therefore, that experiments to discover better ways of teaching medicine are now being pushed forward, here and elsewhere. Complete answers are still to be found; perhaps never will be wholly found. But the goal is admirable. What is sought today is not the stuffed head but broad interest and awareness, and with these an informed and inquiring mind.

It is not only the endless differentiation within fields of knowledge and the enormous increments to the known which cause difficulty. Equally formidable is the widening conception of what is relevant in medical education. This has so vastly expanded in recent years that the task confronting teachers of medicine only a few decades ago now seems in retro-

spect to have been very simple indeed.

The Dean of the Harvard Medical School has said that "scientific medicine must become comprehensive medicine, and yet not become thereby any less scientific." A great deal is implied in the phrase "comprehensive medicine." For, the viewpoint of medicine, as much concerned with the localized pathological event as before, has in this generation been so sharpened and broadened that today it sees such an event in the context of the whole person and the person in his turn within the fullness of environmental circumstance. The doctor has become more than doctor. He is doctor and sociologist, scientist and humanist, investigator, administrator, psychiatrist, wise man, philosopher and friend. And more, perhaps, than these.

The burden placed upon him and upon the educational system which must produce him is now immense. Having started with a relatively restricted view of its task, medical education has been persuaded to revise this view by the success of its own efforts. Since the universities were founded and advance begun, medicine has in this century been drawn steadily into wider and wider responsibility: not only must it help the sick, but it must now go many steps farther and try to assure conditions of health in the individual, the family, the community—and, beyond them, the whole world.

This is the breath-taking vision to which the science of medicine has now attained. I confess that when I hear it expounded by those best informed and most persuaded that such achievements are within reach, I sometimes feel there is something here of what the Greeks called *hybris*, that overweening pride in man which seems wantonly to invite trouble. Yet if a question be raised as to whether medicine should accept such a challenge, we have no alternative but to answer, "Why yes, of course. It must."

So the immediate question becomes, how then to get on? In sug-

gesting an answer may I quote another of Dean Berry's remarks—that "good medical education is nothing more nor less than good education."

By inference Dean Berry is declaring that the most serious problems confronting medical education are not essentially different from those confronting the whole of higher education. Of first importance is the necessity to keep the conception of purpose clear and high. Not only in medicine—but as much here as anywhere—there is an unremitting threat to good education arising from too great willingness to compromise with the immediate urgencies of practice. Substantial advance will not come from excessive concession at this point. Next there is continuing need both for recruitment of talent and to elicit in individuals a will to learn and to keep on learning. It is also essential in every generation that there be a continual renewal of the numbers of those teacher-learners of ability whose lives are lived on the frontiers of their subjects. There are also practical pedagogical problems: How most effectively to handle increasing masses of information? And more difficult: How to achieve wholeness of understanding in the face of the fantastic growth of the amount to be known? Individuals, whole faculties in many provinces of the higher learning are now wrestling earnestly with such questions as these.

And there are questions of another kind confronting education in medicine: How to deepen the sense of professional responsibility? How to organize a system of education which will produce increments not only in what a man knows, but also in what he is? And there are problems at an even deeper level. How in an increasingly depersonalized world to teach a man to hold tight to a sense of individual human significance and to continue to care for people? Perhaps the greatest responsibility confronting all education in the end is so to ground the process in understanding and imagination that it will lead on toward a good society and not into Orwellian nightmare.

In this part of the world, medical education has had an extraordinary growth and exhilarating achievement. We find a proximate beginning for this activity in the curiosity of a group of eighteenth century Harvard undergraduates who long ago organized an anatomical society secretly to dissect cats and dogs. The requisite mental quality and a will to understand and to advance knowledge were already present in them. It is not surprising that it was one of these young men who saw the need and established Harvard's first program of medical education founded on systematic instruction and clinical experience.

Much has flowed from this modest beginning. Today the program of

instruction in medicine in Boston, and elsewhere, draws strength from a vast network of laboratories, departments, schools, and hospitals joined together for the care of patients, for the continuation and advance of medical knowledge, and for the positive promotion of health.

It is worth emphasizing that the first large flowering of this array of medical resource came almost a century ago, that in a sense we have for a long time been living in no small measure on the capital of an earlier generation. Almost all that was new then has since shown signs of wear, in some instances, even of decay. This is true not only in Boston, but in other medical centers as well. Fortunately, as we have such handsome proof here, the process of rebuilding is now underway. First-rate medical education on which, in the long run, first-rate medical care must depend, needs first-rate facilities as well as first-rate men to do its work. So too does first-rate care for patients.

Boston medicine has been brought through the efforts of many to a position of enormous power and respect. It has very great resources and an inspiring tradition. But its very success and brilliance draw it constantly into wider and wider responsibility and so into greater need. No one would want this to be otherwise or would want now to turn back. The promise is too great.



Editorial

AND GLADLY TEACH

There must be no compromise with teaching. The cost of medical education rises as the monetary requirements for the maintenance of top level teaching rise. Our faculties are being paid more and rightly so. The tools with which we teach cost more. The day-to-day expense of maintenance of a medical school's physical plant is rising. Hand-in-hand with these rises in maintenance and in the tools of teaching comes the inevitable rise of tuition. In 1940, medical school tuition throughout the country averaged \$400. In 1940, the annual cost of medical education to a student, including tuition, board, lodging and books was in the neighborhood of \$1,275. Today, these figures have more than doubled. Tuition may be as high as \$1,000, and the minimum total yearly cost is \$2,500. Yet this increased tuition in 1956, as was the case in 1940, represents but a small part of the cost of teaching a medical student.

Has this rise in the cost of medical education affected substantially the type of medical school applicant? Has the increased tuition narrowed the field of potential applicants to America's medical schools to a point where only the sons of the well-to-do may entertain the possibility of entering medicine? Has this financial situation produced the general decline in the quantity and quality of men that apply to enter the field of medicine? To some extent the answer to each of these questions is "yes." But surely there are in addition other reasons than financial for the changing trends in postgraduate education. One has only to witness the recent post-war rush of college graduates into the sciences of engineering, nuclear physics and chemistry to realize that other fields of vocation are competing with medicine.

Coincident with the rising cost of living and of education come currents of change in the world of philanthropy. "Excessive" taxation, which in the minds of many can lead only to the "wasteful" breakdown of large family fortunes, has in other ways fostered the spirit of giving, if at times in a back-handed manner. Today, tremendous sums of money in support of medical education pour out from large foundations and many still-massive family fortunes. Harvard Medical School derives benefit from, and in turn seeks to emulate, this spirit.

At Harvard Medical School today no student is refused admission because of shortage of funds. Nor today need any student leave the School for financial reasons. At Harvard each year some 40-50% of the student body receives financial support in the form of scholarships and/or loans. In 1942, Harvard Medical School gave \$40,000 in scholarships and loaned \$20,000 to its students. In 1956 Harvard gave \$119,000 in scholarships and loaned \$83,000. This annual total of \$202,000 represents the largest sum of money given by any privately supported medical school in the country to its student body.

Our School holds tenaciously to this program of financial support. Moreover, the School desires that its Alumni be cognizant of this continued aid to medical students and that emphasis be placed on the fact that financial humbleness will not conflict with educational fulfillment for the qualified student.

J. R. B.

* * *

R.S.V.P.

The *Bulletin's* lifeblood is the Alumni contribution in news, prose and poetry. Its pages reflect the actions, the thoughts and, at times, the fondest hopes of Harvard's Alumni . . . at least, so we think and so we hope.

But just as the dodo, becoming sterile, succumbed to an excess of inbreeding and sameness, so too an alumni bulletin will fade for lack of changing geographical representation and new stimulation. Today, the *Bulletin* courts the inflow of contributions from Alumni throughout the world. The Editors encourage diversification of representation for the *Bulletin* and its contents, and eagerly look forward to a day when the pages of the *Harvard Medical Alumni Bulletin* will bulge repeatedly with the thoughts of those below the Mason-Dixon Line, those west of the Rockies, those in the Middle West, those east of the Connecticut River Valley, and those across the Seven Seas.

J. R. B.



Inside H. M. S.

WORMS WITH BACKBONE

Carl Brunsting, '57

Earthworms have a rather rigidly organized society. Each student-worm progresses through a stereotyped four-year graduate program before he is qualified to bore through fresh earth, which is the business of the earthworm, or *Lumbricus terrestris*. After graduation, he must apprentice to a group of older, more experienced worms. This apprenticeship, or internship as it is sometimes called, is a rigorous test of clod-breaking, loam-boring and manure-chomping: Although there is much more earth to be wormed than earthworms, the society admits only the most well-rounded boarers to membership.¹

Generally speaking, there are two great classes in the society: Cutworms and Mopeworms. Cutworms tend to be mesomorphic and to glory in their own movements. Egoists to a worm and very impatient, they delight in action rather than contemplation. What brilliant figures they make, slicing their respective ways through the darkest soil! The soil is often so dark, in fact, they can't see exactly where they are going. They cut remarkable swaths, however, and perform a great service, aerating and ventilating the way they do.

Mopeworms, on the other hand, find their ecstasy in cogitation. They will lie for hours in the dankest peat bog, just thinking. Often their eyes will close they are thinking so hard.² With the greatest effort each

Mopeworm chews and digests the soil in his immediate area, then rechews and redigests. Worms following behind simply re-rechew and re-redigest. The slightest movement by any one of them is attended with great hubbub.

Characteristic of Mopeworms is the constant attempt to disparage all Cutworms, and vice versa. In fact, much of progress may be accounted for by the rival effort on the part of each group to attain a greater height, and thus to look down on the other. Certain worms, by virtue of stretching themselves to great heights over many years, achieve the name "Chief." Some of these are stretched very thin. Earthworms who aspire to be Chief practice all day standing up very straight and tall in order to look down on shorter creatures. So stiff do they become, that they are called



¹ Almost all worms are well-rounded.

² Oligochaetes don't have eyes. Actually, only naids, tubificids and glossoscolecids even have gills.



Stickworms. Stickworms who live near spas are called Spa Stickworms.

Internships are offered to the student-worm in Cutwormery and Mopewormery. The great decision of the young graduate is which of the two great classes he intends to join. Most worms rotate for a year, though a few go straight. A rotating worm on rounds is one of Nature's dizziest animals. All intern-worms, whether rotating or not, are night crawlers.

In Mecca, which is a large worm community near a big spa, student-worms usually choose a straight internship. For the benefit of students who can't make a choice, there exists a small band of older creatures called adviser-worms. Most adviser-worms lie comfortably in their warm cocoons, the walls of which are lined with prints and reprints. Certain of them have lain there so long a layer of moss has collected on their backs. Others move about more frequently, and with great agitation, but usually in a backwards direction.³ A few are still student-worms at heart, which is why they were chosen for the job. To a worm, these adviser-worms advise that Mecca is the only place to apprentice. Mecca's earth-clods are higher, they chorus. The loam-pits are thicker! The dung-heaps are fresher!! To be historical, this is the diet of worms. Although student-worms usually approach these advisers indi-

vidually and with no organization, they leave in small, compact parties, traveling single file. This is called following a party line.

Intern-worms are paid nothing for their year of soil-breaking and dirt-masticating. By some this is called "ex aequo et bono," which means, "according to what is just and good." By others it is called "ex ploi tation." Nevertheless, any student-worm who has proved himself any kind of a borer at all applies to one of the Mecca groups. This is the result of local indoctrination, of course, and a distressing uniformity of thought. As the textbook says (in a totally different connection), "The metameric segmentation . . . is homodynamous and approximately equivalent."⁴ This is to say that one



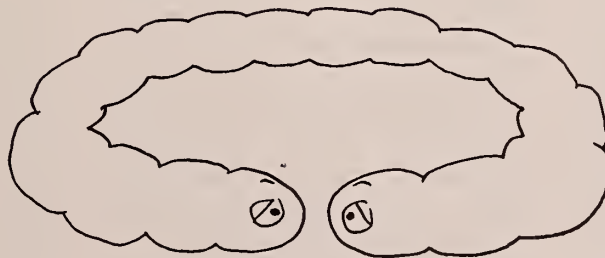
Mecca worm is pretty much equal to other Mecca worms, but a few are more equal than anyone else.

Worms are not really very complex.⁵ Yet they merit consideration in this hour of vermiculation. Vouchsafe these spineless creatures some understanding, and a few (at least in an evolutionary sense) will prove to be worms with backbone!

³ Only with the keenest discernment can one detect a backwards-moving worm.

⁴ See Pratt, H. S., *Manual of the Common Invertebrate Animals (Exclusive of Insects)*, The Blakiston Co., 1948.

⁵ See a worm.



A Bill of Rights to Protect Our Senior Citizens

Alfred A. Weinstein, '33

Growing older is not something that happens to others. We ourselves grow older. The only way to prevent it from taking place is by dying young. This article, therefore, is written for those who admittedly are aging or who suspect the process will start in some distant future. It is not written about or for sick old people, institutionalized old people or very poor or very rich old people. It is written for healthy people of modest means in their maturity (30 to 60) and their late maturity (over 60) and those younger folk who expect to live through the hazards of early maturity (17 to 30).

The problems related to an aging population are new ones. Investigators working on data obtained from inscriptions on Roman tombstones estimate that at the time of Christ the average life span was 25 years. This increased, according to John Wigglesworth, statistician, to 35 years at the end of the Revolutionary War. Today it is 68 years and still rising. We are fast becoming a nation of elders. And so long as Industrial America stresses speed, strength and stamina (qualities most likely to decline with years), the question of a Bill of Rights to protect our senior citizens becomes urgent.

A few figures will highlight the extent of the problem. According to Louis Dublin, statistician, approximately 3000 people attain the age of 60 every day; approximately 2000 people 60 years of age or older die every day. Thus, 1000 people enter and remain in the 60-year group daily. At present, there are 18 million people over 60. As this trend continues, there will soon be 30 million people over 60 years of age in the United States. These are the facts. What problem does this create? The problem simply put, is this: *At age 60 we have 17 years to fill with usefulness and personal achievement or a similar number of years of life to spend in a dreary wasteland of living death.*

In *Problems of Aging*, Ruth Cavan points out that status (social acceptance) is either (1) achieved by individual hard work, shrewdness, acquisition of money, power, or intellectual attainment or (2) ascribed to the individual by the community (a negro is ascribed a lower status than a white; a child born on Pulliam Street is ascribed a lower status than one born on Tuxedo Drive). In *Roles and Status of Older People*, Robert Havighurst, sociologist, pointed out there is a status connected

with age. In classical Chinese society, the highest status is ascribed to the elders. They wield the power, make the decisions relating to the career, marriage, and destinies of all individuals in the group. Among the Eskimos, however, the lowest status is ascribed to the aged. They are considered a burden to the group and are expected to wander off quietly and die. In the United States the status ascribed to our senior citizens (60 and over) is somewhere in between these two extremes. There are some elders in the professions and in politics who retain a high status. In the main, however, it is my opinion that the status of our oldsters is low and deteriorating steadily.

Medical research has added years to your life. The problem, then, is how to add life to these additional years which have been given to us. To do so there must be a revolutionary change in the thought processes of our social and industrial leaders toward the problem of aging and the aged. A Bill of Rights to protect senior citizens is as much in order now as a similar bill for all citizens became mandatory in 1791. Included in such a bill would be the following:

1. *The Right to Work.* The compulsory retirement of the hale and

hearty at age 60 or 65 is unwise, unfair, uneconomical and unjustified. Means must be devised so that our healthy senior citizens remain active participants in a capitalistic democracy. They must not be relegated to the role of mere recipients of old age assistance, social security, dependency allotments, local charity or federal medical care. And their problems cannot be solved by bigger and earlier pensions, gilded old age homes and chronic disease hospitals with the latest equipment. There must be new reinterpretations of the value of oldsters to themselves and to the community. For aging is not all depreciation. As Elizabeth and Steven Horvath point out, it is not a steady downhill process. Some organ systems improve, others deteriorate. Some capacities diminish, others increase. Although speed decreases with aging, other characteristics as skill, endurance and judgment increase.

The evil effect of compulsory retirement on man is even greater than on woman. Women derive their status essentially from their role as wife, mother and homemaker. Thus, woman experiences retirement gradually as her children grow up and leave home. She experiences her greatest and most abrupt change in status when she becomes a widow. Since woman outlives man by an average of five years, this is a hurdle for which most women must prepare. Man, however, is more seriously threatened than women by age, because he derives his status and feeling of worthiness and sense of accomplishment and creativeness through his daily work. In *Aging Successfully*, George Lawton, social scientist, demonstrates that the rising tide of suicide and mental illness in men in the 60-plus age group is not chiefly due to economic insecurity, but due to a feeling of rejection by their employers and their loss of prestige in the community. It is in this age group of men (more so than in women) in which we see a marked increase in delinquency, anxieties, emotional disturbances, restlessness, neurotic compulsions and delusions,

and escape through alcohol and narcotics and running away. Hanging around doing nothing creates a feeling of guilt in many men who must feel a daily sense of accomplishment and admiration to remain in balance. Thomas Bolzar rephrased this conception when he said, "Man wants to be famous and loved. Woman merely wants to be loved." A pension which guarantees physical and financial survival for a man is no substitute for the sense of personal importance that comes from work.

Industry must be ready to retain the older worker while reducing the hours and arduousness of his job as tests and standards of work ability make it necessary. The personnel office of each large corporation should have a job re-allocation bureau. Its function should be to shift workers to less physically demanding jobs, rather than to fire them or retire them for overage. One corporation retains an 80-year-oldster in its factory to maintain the morale of those 40 to 60-year-old men in their employ. Ability to produce, rather than chronological age, is their basis for employment. This company has found that their policy of retaining older workers has paid off in higher profits. For these oldsters have proven they have fewer sick days and have fewer accidents because of their willingness to use safety equipment and follow safety regulations. They also have exhibited more patience, judgment, and stability than younger men. These employers have intelligently exploited the advantages of emotional maturity possessed by their senior employees, while minimizing their physical limitations.

On the other hand, unions must recognize that it is to the advantage of the older worker to accept less pay and a lower job rating. A reduced income is better than none, and better by far than a pension. For most men, the job of doing nothing is unbearable, even though retirement pay may be adequate. The avoidance of sudden work stoppage will do much to prevent the loss of face which is responsible for the

brooding and exaggeration of physical ailments and deterioration of personality in many of our senior citizens. At the same time, the development of a system of voluntary retirement at about 62 and mandatory retirement at about 72 would ease this transit from activity to inactivity by making it less dependent on chronological age.

2. *A Bill of Rights for Senior Citizens must include a Right to a Future.* Late maturity (60-plus) is not necessarily a time of illness, infirmity, poverty, loneliness, unemployment and frustration. These tragedies can happen at any age. Many a man is emotionally and communally dead at age 50 and waits until age 75 to be buried physically. In the eyes of the average employer of labor, the general public and the worker himself, old age is equated with disaster. The emphasis has, in the past, been on *old age* (the final termination of life ending in physical disintegration and mental imbecility) rather than on *growing older*.

However, every decade in life has not only an ending, but also a new beginning. Life continues steadily after, as well as before, age 60. It does not cease although it can be wasted. Each age has its own beauty and its own value in the scheme of human relations. Youth, deeply experienced, is magnificent. Late maturity, deeply plumbed in useful living for the oldster and his community, can be equally magnificent. This can come to pass only if the senior citizens insist upon a future, and if the community in which he lives permits him to have one. We all can bring to mind examples of oldsters who are youngsters, hidden by gray hair and false teeth. Winston Churchill on his 75th birthday was described as follows: "He still remains a young man with a bright future." Bernard Baruch's uncle sold his business and retired at 70. He could not tolerate the way it was managed. He repurchased it. At age 87 he was still running it after having tripled its assets. After the death of her husband, Eleanor Roosevelt was asked about her future plans. She

was then about 60. She said, "I can count on about 15 more useful years." George Bernard Shaw said impatiently to a visitor at the end of an interview on his 88th birthday, "Get along now. I'm fully two years behind in my work." These individuals realized each decade is like a short story with its own adventures, struggles and accomplishments. Each decade for them had its own elements of production and self-realization. They demanded a future in their golden age and they got one.

Even if our senior citizens can no longer work because of disability or premature retirement, they still have a right to a future. American cities created Junior Chambers of Commerce to utilize the talents of men under 35. The time is long overdue for the creation of Senior Chambers of Commerce to utilize the talents of men over 60. The abilities of these elder statesmen, citizens, bankers, industrialists and educators should be tapped not only to give themselves a future, but also to permit them to plow back into the community (in projects of their own creation) that which they have hitherto drawn from the community. Because of their maturity, oldsters have become more objective in their approach to civic problems. Due to a decreased personal stake, reduced biological

drives to distract them and decreased personal ambition they can see wider vistas and greater perspective. They have accumulated wisdom in information and understanding, unhampered by the boundless energy, freedom of physical movement and sex turmoil that characterizes youth. Subcommittees of such a Golden Age Chamber of Commerce can explore projects similar to the following: (1) Exchange talks and seminars in industry, science and management by its members as is done in universities. (2) Volunteer official counselling to junior members of the community. (3) Informal group discussion in management and labor relations similar to the seminars given in the medical profession. (4) Stimulation of the formation of retirement planning committees in professional groups, unions and business organizations (this is not to be confused with pension planning). Retirement ordinarily means withdrawal from an occupation followed, by random fatuous time-destroying and usually futile and meaningless activities. Retirement in the meaning of this article would be two-fold: (1) Withdrawal from the strain of making a living and fighting for financial and social prestige. (2) Striving for pleasure and self-realization by accomplishment in improving civic, fraternal

and church life of a community.

Again, although all of us cannot be leaders in our community, we oldsters still have a right to a future as individuals. Because a young man has grown older he still remains a member of the human race and endowed with a sense of dignity. He wants neither the "honey" and "dearie" of a sympathy act, nor does he enjoy patronizing affection ("who were you dating last night?"). And his children do him an injustice when they tell him, "It's too hot, too cold, too wet, too dry, too damp or too windy, for you to visit your friends" (disparagingly referred to as "old cronies"). And his future includes in it the right to meet new companions and have fun at the Golden Age Clubs which are springing up all over the country. We are belatedly planning for the later decades of life just as we were a century late in planning teenage clubs in our churches, Y.M.C.A.'s and civic centers.

The community may say, "Too old." The senior citizen must answer, "No. I am not too old to learn, do, grow and develop." For the oldster to lose his future is to enter a living death. He must say as did the great Charles Kettering, "I'm interested in the future because that's where I expect to spend the rest of my life."



In the October issue of the Harvard Medical Alumni Bulletin (pp. 24-25) was born a new column, unnamed at that time, not because it was unwanted, but rather because the editors wished it to face the world anonymously, prove itself and thereby warrant a name.

This column, dealing with matters pertinent to Harvard Medical School lore was well received and now appears again below, under the heading "Diagnosis Deferred" (see page 24). This title has no profound connotation. If nothing else, it humbly serves to reaffirm the commonly accepted fact that doctors can't always fathom a diagnosis and that Harvard men are no exceptions to this rule.

The Editor

BOOK REVIEWS

GREEN, ROBERT MONTRAVILLE: *The Round Table, An Arthurian Romance Epic. Volume I.* Privately Printed. The Eliot Press, Jamaica Plain, Boston, Massachusetts, 1955.

Many people in Boston knew Dr. Robert M. Green as a gentlemanly physician and scholarly teacher, but very few realized that he worked faithfully and consistently for nearly 50 years to achieve his desire to retell the entire cycle of Arthurian Romances, doing for them in verse what Malory did in prose. He did this through the busy course of an active professional life as physician and teacher, and he was excellent in both these fields. But his desire was not to be achieved in his lifetime. After his death his faithful wife, Dorothy Bradford Green, privately printed at the Eliot Press in Jamaica Plain, Volume I, dealing with two books—Book I telling of Merlin and Arthur and Book II dealing with Britain and Rome. Both books have 10 cantos and run to 583 pages of verse. One can easily imagine how a man could well have devoted his whole life to this amazing project, but when we remember that Dr. Robert M. Green did this in addition to his daily work, we are even more astounded. The style is mature, and in many parts equals the quality of Tennyson, who also was interested in the same themes. In addition to retelling the entire cycle of Arthurian Romances, Dr. Green has restored to their canon much that Malory omitted. The author himself states he makes little pretense as to originality. The stories are familiar to all, but we can be grateful to him for the fact that he has brought it all out again and made it available to us in a new form. It is certainly not light verse. It is serious and has the solemn quality that Spenser gave to the "Faerie Queene" but it is not without wit, even in the Preface and Foreword.

Dr. Green says himself, "he who nowadays writes a book of verse is like one who throws a rose petal into the Grand Canyon and then listens for the echo." By this token I would call his fine epic a whole tree of Magnolia little grandiflora in full bloom. It is certainly an amazing contribution, and the echo will not be immediate, but it will come after a cultural lag consisting of the number of years it will take poetry lovers and students of English literature to discover this remarkable book. Although the book is excellent as an entity, each canto is a fine story in itself. Here again we hear about the loves of Arthur, Guenever, Gawain and the passing of Merlin. This book ends with the conquest of Rome and the coronation of Arthur in a fine style that would do credit to any living American poet. Here is a man to whom we must give honor

and credit posthumously. Only a small handful of people during his lifetime knew he had such talent, and no one could have predicted the outcome of it.

MERRILL MOORE, M.D.

COGAN, DAVID G.: *Neurology of the Ocular Muscles. Second Edition.* Charles C. Thomas, Springfield, Illinois, 1956. 315 pages.

As Director of Research of the Howe Laboratory, Professor of Ophthalmology, Harvard Medical School and Surgeon at the Massachusetts Eye & Ear Infirmary, Dr. David Cogan has garnered a remarkable amount of clinical ophthalmological material. A great degree of this extensive experience has been in the field of neuro-ophthalmology, a specialty to which the author has devoted much time and thought and of which he has developed a superior understanding, together with an unsurpassed ability to clearly describe, discuss and summarize his observations. Consequently, it is quite proper that Dr. Cogan should compose such a text on neurology of the ocular muscles.

The first edition has been well in demand and accepted as an excellent text. Now, eight years later, the author has revised and added to the original work. There is little that has been, and could be, excluded from the first edition. The additional material, including that on myopathies in chapter three—and on internuclear ophthalmoplegia in chapter five, account for most of the 58 additional pages of informative reading. The arrangement of the subject matter contained is done so with regard to the objective findings and not disease entities which facilitates the use of the text from this aspect. Nonetheless, there is cross indexing, enabling one to consult the text by disease entities. The illustrations are numerous and include photographs of cases pertinent to the material being presented. Dissections, micro slides and labeled diagrams aid in elucidation.

The subject matter is divided into ten chapters (chapter seven of the first edition is now divided into chapters seven and eight). There is a proper rearrangement of the first three chapters introducing the reader to the gross anatomy and action of the extraocular muscles in the first chapter, rather than at a later time.

Again Dr. Cogan has greatly impressed the reader by the effective manner with which he presents the fascinating subject of the ocular motor system and its supranuclear connections in chapters five through eight, a complex field few authors are able to deal with so beautifully, concisely and without confusion. The subject of skew deviation is discussed in more detail in chapter six. The last chap-

ter on nystagmus is unsurpassed and here, as throughout the pages, the author has well succeeded "to set forth fairly the state of present knowledge of the clinical physiology of the ocular motor system and the conclusions that can be safely drawn from the facts available."

HARRY E. BRACONIER, M.D.

MILLER, BENJAMIN F.: *The Complete Medical Guide.* Simon and Schuster, New York, 1956. 913 pages.

Professor Miller has written a book to "serve the health information needs of the mother and father in the homes as well as those of unmarried men and women," as he states in his introduction. The approach is much more comprehensive than is Dr. Morris Fishbein's *The Handy Home Medical Adviser*, and the subject matter is amply illustrated with numerous drawings. One unique feature is a 60-page glossary of medical terms at the end of the book.

On reviewing the wide variety of topics treated in this book, one can readily understand why the author spent more than 12 years in its preparation, enlisting the criticisms and suggestions by many experts. On the book jacket it is truthfully stated: "No aspect of health remains uncovered in a practical, down-to-earth way—from tooth brushing to psychiatry, from choosing a vacation to choosing a hospital, from diet to wonder drugs." It would be beyond the scope of this review to attempt to delineate the wide variety of medical and para-medical information presented. Suffice it to say that it would be surprising if the layman has a question relating to any aspect of health information and was unable to find some mention of it in helpful, sound terms by referring to this complete medical guide. The physician, as well, may have doubts about the answers to some of his patients' questions which are not ordinarily found in the standard medical texts and journals. In such instances he might benefit from comparing his attitudes and judgment with the author's.

With the plethora of information on medical and related matters of variable reliability offered by the different media of mass communication, often distorted through commercialism or sensationalism, the layman is often seriously misinformed. Yet, there are not enough physician-hours available to tend to all the important health education needs of the lay public. This book, then, can be of real service to both physician and layman. Even though it is unlikely to be read widely in its entirety, it would constitute a valuable addition to any home library for authoritative reference purposes.

ROGER B. HICKLER, '49

"...willingly I came to Denmark..."*

Owen S. Ogden, '35

"Wonderful, wonderful Copenhagen" was the locale for the Eighth International Congress of Pediatrics in July of 1956. For about a year I had hoped to attend this meeting, and so it was a great thrill to find myself flying over Denmark and heading into the Copenhagen airport. It was a beautiful clear Sunday afternoon, and on the trip up from Zurich we had been fascinated to watch the changing country below us, which by landing time had become flat and interlaced with large and small bodies of water.

* *Hamlet*, Act I, Scene 2.



The courtyard of Frederiksborg Castle. Built by Christian IV in the early 17th Century, it is now the National Historical Museum.

Many other pediatricians from all parts of the world were also arriving, and great was the confusion at the airport. Here and there different languages could be heard as we sought our baggage and tried to get ourselves through customs and settled into the various hotels assigned to us.

The Danes have a wonderful way of doing things which was manifest on first arrival. They were ready for us with signs at the airport in various languages telling us just where to go and what to do next. It would have been impossible to get lost. The customs examinations were uneventful as we had all been sent tags for our baggage which seemed to put us above suspicion and let us into the country with the greatest of ease. This efficiency was apparent throughout the meeting. They were wonderful hosts in every way.

The following several days were to come and go in swift succession. It was almost like the man who dropped his Christmas bottle, sadly shook his head and said, "Well! Christmas has come and went." The days, filled with meetings, fascinating new foods, people and unusual places, quickly melted into the past.

Our plane arrived a little too late for the opening ceremony at Frederiksborg City Hall. There was music and also speeches of welcome by Professor Plum, the President of the Congress, Dr. Frandsen, the Di-



Man-made stork nest?

rector-General of the National Health Service and by Her Majesty Queen Ingrid. From all reports the opening was most auspicious. It could not have impressed me more, I am sure, than my arrival next morning early at Mønsted Hall. The flying banners, the formal gardens on each side of the entrance way, and the very massiveness of the meeting hall itself put me in a fine mood for the activities to come. Mønsted Hall was the main meeting hall and the center of activities of the Congress.

The papers starting the meeting were by Dr. Helmholtz, Dr. Schwachman and Dr. György. The large hall was almost completely filled for the occasion, and there were ear phones at each seat allowing one to hear the papers in English, French, German or Spanish. The general sessions in the mornings were all quite impressive and given by a most eminent list of speakers. The

sectional meetings were held in the afternoons. Harvard was well represented, and I must say that I was quite proud to be an alumnus of Harvard Medical School and able to participate in the Congress, although not on the program.

The extracurricular activities will not soon be forgotten. Our wives, among other activities, spent their time admiring the Danish crafts (especially furniture, silver and crystal). Many of us acquired some of these articles of art and shipped them home.

Copenhagen would be incomplete without Tivoli Gardens. It is described as a "fairy-land, placed in the very middle of life's reality." Certainly it is the fun center of the city. Here was held the "Congress Supper and Entertainments," and this was the high spot of Danish hospitality. Betty and Charlie Janeway met us at our hotel, and we went to the "Supper" together. (Betty and my wife, Elida, were hockey teammates at Vassar several years ago.) The restaurant to which we were assigned (the Wivex) was beautiful and gay, and the delicious banquet was made even more sparking by the accompanying music and liquid refreshments (Sherry, Aquavit et Biere, Vin Rouge and Port ou Madeira). Shades of the past at H.M.S. with singing after dinner, as I remember after some of the Lancet Club parties—this time in a choice of languages—and the tune didn't matter too much. Is your Danish good?

Sunde børn kan altid ta endnu en tar
Sunde børn kan altid ta endnu en tar
Ma vor sundhed altid strale
Ma vi altid kunne SKALE
For sunde børn kan altid ta endnu en tar.

Healthy babies always drink a little more
Healthy babies always drink a little more
It's a vital instinct calling
Every time we find us SKALing
For healthy babies always drink a little more.

In turn this was sung, in English,



Kronborg Castle at Elsinore. At left is the King's Tower, which, with the Queen's Tower (just visible at the extreme left), flanks the front of the castle towards the sea. From the gallery of the Trumpeter's Tower, at right, fanfares formerly heralded the arrival of royal visitors.

French, German, Spanish and Danish, and the last go-round was a mixture of each. That was not all—the assorted entertainment of the Garden went on until the wee hours. A fine time was had by all.

One afternoon was spent seeing much of the North Zealand countryside. We went by car to Frederiksborg Castle in Hilleroed, thence past Fredensborg Castle up to Kronborg Castle at Elsinore (Hamlet seemed almost to be present) and then back by the seacoast. Thistle McKee,



Dr. and Mrs. Ogden are welcomed home by their daughter, Anne.

with whom I trained at New York Hospital, had friends at the Embassy who very kindly furnished their own car and acted as guides for this side trip, adding their knowledge of the area. Little did I know, for example, that many of the stork nests on the roof tops were man-made and put there to attract the great birds. By the time we got back to our hotel it was late and we were glad to settle into bed under great down "puffs" which take the place of top sheets throughout Scandinavia. (I never quite learned to manipulate them—they were hot in the middle, and my feet stuck out at the bottom.)

In retrospect—how can I best evaluate a trip to an international medical meeting in a far off land? To put it mildly, I thought it was great!

As our plane took off and headed homeward in a roundabout way—the tune and the words kept going through my head—

"Wonderful, wonderful—Copenhagen!"*

* It really is pronounced with a long "a" as in bay, not with a short "a" as in Harvard.



Ted Polunbaum

The Cafeteria—big enough for all

A New Building



Ted Polunbaum

"... and Goldilocks said ..."



Ted Polunbaum

The Chapel

... for the Children's
and Infants' Hospitals



Ted Polumbaum

"The X-Ray findings are not incompatible with . . ."



The Entrance on Blackfan Street

January 1957

Collision on "Track Charlie"

An Eyewitness Account of the Crash of the *Andrea Doria* and the *Stockholm*

Horace Pettit, '31

Our outside cabin on the *Stockholm* was close to amidship on the port side. My wife had the inside lower berth and our daughter, 12 years old, had the upper berth above her mother. I had the outside berth under the porthole. The night of July 25, 1956, was warm and the sea was calm. Our porthole was open. The moon was bright on the water between widely scattered patches of fog. We had gone to bed shortly before 11 o'clock, after being on the forward deck to see what of the night and to fill our lungs with fresh sea air.

Soon after 11 o'clock we heard a whistle. I put down my book and looked out the porthole. I did this partly from interest in all that goes on at sea and partly from habit acquired in years of cruising the coast of New England in our schooner *Heron*. I saw a brightly lighted large passenger vessel emerging from a patch of fog off our port bow. She

appeared to be about two miles distant, and I expected her to pass us at around half a mile away, since she was bound in the opposite direction to our course. If you think of our course as being a line on a clock dial from 6 to 12, the other vessel was at about 10 o'clock when I first saw her.

"There is a big liner out there," I said to my wife. She got out of her berth to have a turn at looking, but before I made way for her, I looked again. This time I saw the vessel was coming toward us fast. "Why doesn't she turn to starboard?" I asked myself inwardly. There seemed to me to be still time for her to pass to port. But she came on, and I saw she was canted in a sharp left turn. I called out, "Brace yourself, we are going to crash!"

The *Stockholm* plowed into the *Andrea Doria* just aft of her bridge. The *Andrea Doria* pulled ahead, and I could see the sea churned up by her

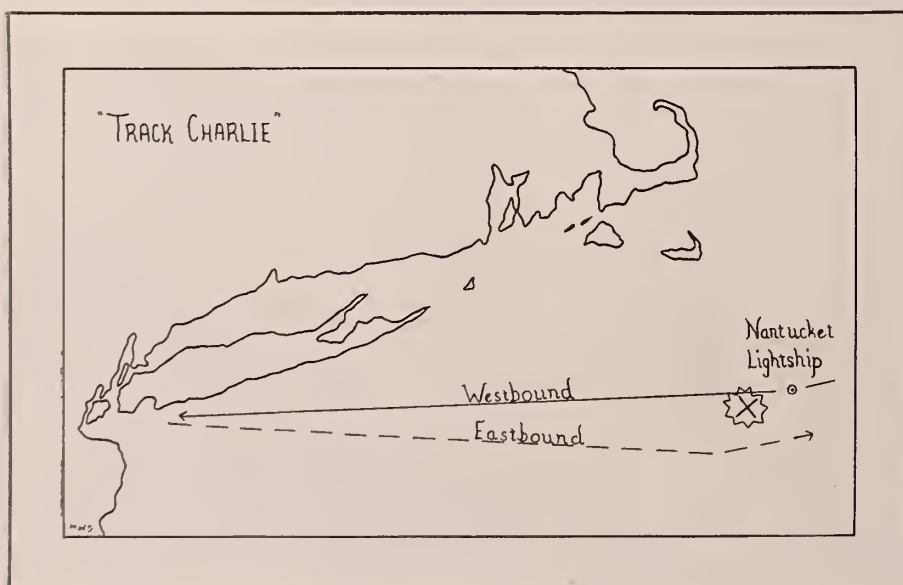
propellers as her stern swung toward us. The pungent smell of fuel oil in my nostrils stimulated me to action. We dressed fast, put on life jackets, and started for Lifeboat Station #2. There was no panic. People walked along the passages and up the stairs in an orderly and quiet way.

We came on deck aft and saw the *Andrea Doria* lying heeled over a short distance astern of us. She looked stricken. I told my wife that I thought the *Andrea Doria* would sink and that the *Stockholm* would stay afloat. The *Stockholm* was down by the bow a bit, drifting. The fog patches were gone, and there was stillness in the air.

I left my wife and daughter by the lifeboat and went below to the ship's hospital on A Deck, port side. To get to it, I waded through water ankle-deep on the starboard side of A Deck. This made me wonder for a moment if I was right about the *Stockholm* staying afloat, but then I saw fire-hoses leading forward and learned that a fire in the bow had just been extinguished.

Dr. Nessling, the ship's doctor, was examining Linda Morgan when I entered his office. Linda, a lovely 14-year-old, had been pulled from her berth on the *Andrea Doria* by the bow of the *Stockholm*. She had fractures of her left arm, pelvis and both knees. Her chief concern was to let her mother, still on the other ship, know that she was safe. I wrote a message for her and sent it up to the radio room. It was not sent, however, because official messages had to have priority.

Dr. Nessling and I stepped into the operating room where casualties



from the bow were being brought. There was one man on the table and two on the floor at that time. Two had crushed faces, the third had a tibia sticking through his trouser leg and other casualties were on the way. Dr. Nessling, a dermatologist, and I, an allergist, went to work. Fortunately, it was not long before a third doctor came in, and we were relieved to learn that he was Dr. Thue Poulsen, a Danish surgeon. Close behind him came Dr. Leonard Laufe, a gynecologist and obstetrician from Pittsburgh. Some time later, two passenger physicians from the *Andrea Doria* showed up. They were Dr. Arrigo Boito of Morrisania Hospital, New York, and Dr. Harvey Hollinger of Montreal. Dr. Gosta Ekspong and his wife of Oakland, California, both doctors, helped treat minor injuries with me in the clearing station I set up in the dining room. (It had become apparent, when I took a survey of the situation, that such a clearing station was essential to relieve the congestion in the hospital.) We had four volunteer registered nurses to help us in addition to the ship's nurses. The invaluable volunteers were Miss Mary Bostrom of Sweden, Miss Mary-Jean Buchanan, Miss Karen Nielsen and Miss Joan Vellner, all from Alberta.

The *Stockholm* and the *Andrea Doria* had drifted about half a mile apart, so that it took some time for our lifeboats to make the round trips. I used the system of being at the landing port on A Deck to route the rescued as they came aboard. If they could walk, they were sent up to the dining room; if they had to be carried, they were taken to the hospital right at hand. Coffee and sandwiches were given out in the dining room, and clothes brought for those who needed them by *Stockholm* passengers from their own wardrobes. My wife helped in these activities. During lulls she went on deck and listened to news broadcasts of the catastrophe on her small transistor radio. My daughter got sleepy around 3 a.m. and went back to her berth for the rest of the night.

(Continued on next page)

THE LEGAL LOG

For those possessed with love of the sea and for those who have felt the compelling power of the sea, an open ocean collision between two large vessels is at once a fascinating and terrifying event. Dr. Pettit's modest account describes the collision between the *Andrea Doria* (a \$25,000,000 super passenger liner of the Italian Line) and the *Stockholm* (a \$5,000,000 passenger liner of the Swedish American Line) which occurred southwest of Nantucket on the night of July 25, 1956.

The implication of such a collision in terms of loss of life and property are dreadfully obvious. The tremendous number of claims against both lines amounts to nearly \$55,000,000.

Of equal importance and of greater permanent nautical interest is the implication of such a collision in terms of the "law of the sea," and its proper international legal interpretation under the circumstances of this particular collision.

International law has set up certain time-honored rules of safety at sea. These are rules that demand compliance. They relate to the proper speed of travel, the necessity for sounding the ship's horn and the employment of radio, radar and proper lookout precautions in the face of fog or other forms of limited visibility. International law has also set up codes of seamanship that relate to right-of-way: vessels approaching each other head on must veer to starboard in order to pass port to port. Any power driven vessel situated on the starboard bow of another such vessel has the right of way in situations predisposing to collision. Whether or not the two vessels involved in this collision will be found equally culpable in these regards must await the completion of litigation. Dr. Pettit's nautical eyewitness account gives further substantiation to the relative positions of these two ships as they met.

Of the greatest importance are the open sea lanes or "tracks" employed by vessels steaming to and from New York. As landlubber

motorists we are aware of certain rules of the road that govern traffic on the highways. In the air, we deal with designated lanes for travel from airport to airport, and we are aware of the additional traffic benefit that the third dimension of air allows an airplane.

It is a curious and yet understandable fact that at sea no specific law holds a vessel to any definite open sea lane. And yet we find that in the North Atlantic "Track" Agreement of 1946 nine steamship lines agreed to follow the sea "tracks" shown in the accompanying drawing on entering and leaving the New York area. However, neither the Italian nor Swedish lines were signatories to this agreement, and for this reason neither vessel was compelled to follow any particular course. Further, the fact that the *Stockholm* was considerably north of the eastbound lane probably has no legal implications.

According to Admiralty Law, there is no express ruling that legalizes this routing of vessels in the Nantucket Lightship area. It seems only natural that an outbound vessel in muddy weather would seek a fix from the Lightship, rather than stay blindly many miles to the south according to the "recommended route." A Massachusetts federal judge in a decision finding a steamer at fault (*SS Mormacfir-FV Corinthian*, 1952 A.M.C. 69) mentioned the fact that the steamer was out of the "recommended" track, but did not find her at fault on this point alone. As a general proposition, the mere fact that a vessel is out of her proper area of travel is not enough to hold her at fault for a collision, particularly if the two vessels become aware of each other's presence in sufficient time to avoid collision.

As events develop, it is probable that whether or not these vessels were on the "customary" eastbound and westbound tracks will not be the deciding issue. Rather, the more fundamental "codes of the sea" will apply, and each vessel will be judged according to its speed and use or misuse of safety measures in piloting.

THE EDITOR

On one of my visits to the hospital, Dr. Poulsen said that if we were to save the patients who were in shock they would have to be sent to hospitals ashore. I went up to the bridge and asked Captain Nordenson to request the Coast Guard by radio to remove these patients by air. This was about 4 a.m., and Captain Nordenson ordered the message sent at once. He showed me our position on the chart. We estimated that Coast Guard flying boats or helicopters should arrive in about two hours from Nantucket. Two helicopters came at about 8 o'clock. We readied the patients several times, thinking that news airplanes (some of which had arrived before daybreak) were Coast Guard when we heard the

noise of their engines. When the helicopters finally arrived, they hovered over the afterdeck one at a time lowering basket stretchers and circling off until each stretcher was ready to be hauled up again by winch. The first patient taken off was baby Norma di Sandro, whose skull had been fractured when she was thrown into a lifeboat. (She died the next day in the U. S. Public Health Service Hospital in Boston.)

There was a dead woman in our crushed bow. I went up on the wreckage to see if she could be easily removed. She was wedged in the crumpled steel so firmly that it took a crew a considerable time to recover her body.

The *Ile de France*, which had come

to the rescue immediately on hearing of the disaster, headed for New York at full speed with her load of survivors, sending a message that regretfully she could not escort us in because she had a schedule to meet. Before the *Stockholm* left the scene, accompanied by two Coast Guard vessels, my wife and I watched the *Andrea Doria* sink slowly beneath the sea on her side. We saw her go from the same porthole where I had first seen her approaching.

Editor's note: Several days after their return to New York aboard the *Stockholm*, the Pettits resumed their trip to Scandinavia from which they returned in September.

DIAGNOSIS DEFERRED

"The Round Table" and Its Author

With the publication two months ago of the first of five volumes of *The Round Table*, Robert M. Green, one-time associate professor of applied anatomy at this our Medical School, has posthumously fulfilled a literary destiny. For the book represents the beginning of the completion of a plan that he set for himself while still a college undergraduate; as he wrote shortly before his death in the spring of 1955—it was published in this *Bulletin*—: "One of the most important and pleasurable events in the current year is the prospective publication of my latest and longest literary production, the preparation and composition of which have occupied my leisure for the past half century, entitled 'The Round Table; An Arthurian Romance Epic.'"

Bobby Green, as he was affectionately known, was the son of Charlie Green (as he was affectionately known) who preceded Chub Newell as professor of obstetrics. Charlie and Chub had differing views on various matters and observed an unwritten system of alternation at the annual dinners of the

Stork Club in the old Ward Room on T Wharf; they never appeared on the same occasion. Bobby was best known to nearly 40 classes of medical students for his sparkling and always amiable discourses on regional anatomy, for he was one of the most lucid and one of the kindest teachers opposite whom these generations of students were privileged to sit in their struggle for the facts of life.

As an undergraduate at Harvard College Robert Green was a member of the Signet Club and Phi Beta Kappa. (He later belonged to the Republican Institution in the Town of Boston and the Massachusetts Charitable Fire Society.) He graduated in 1902 *summa cum laude* in English and the classics, then started to fulfill half of his destiny by graduating from the Medical School in 1906. Graduation was followed by an appointment on the South Surgical Service at the Massachusetts General, and services at the Children's and Boston Lying-In hospitals. With this training, combined with certain natural abilities and an enormous amount of industry, it was

only a matter of time before he became, in 1930, surgeon-in-chief of gynecology and obstetrics at the Boston City Hospital. So much for a successful professional career, brilliant so far as its relation to anatomy was concerned.

The other half of Bobby Green's destiny was based on a lifelong devotion to words and ideas, built around the long-term project of constructing the greatest epic poem yet produced on the Arthurian legend, and finding its fulfillment with the publication of this first 612-page, 20,000-line volume.

There have been, of course, other publications from his hand—the text of the Warren Handbook of Anatomy in 1931; a translation of Galen's *De Sanitate Tuenda* in 1951; Galvani's Commentary on Electricity in 1953, a translation of certain of the odes of Horace, in collaboration with the late Dr. Fred B. Lund, in 1954 and the *Asclepiades* in 1955—and this is to say nothing of 39 years' association with the *Boston Medical and Surgical Journal* and the *New England Journal of Medicine*, in two installments. The first

of these began in 1906 with an assistant editorship under George Brune Shattuck of the Jovian beard, continuing through the administration of E. Wyllys Taylor until 1915. Green then became, at 34, certainly the *Journal's* most scholarly editor, continuing in this exalted capacity until the purchase of the venerable publication by the Massachusetts Medical Society in 1921. In 1931 he was enticed back to the editorial board of the then *New England Journal of Medicine*, where he continued to serve until the end.

This journalistic career was particularly appropriate since his grandfather, John Ware, had been one of the eight founders of the *New England Journal of Medicine and Surgery and the Collateral Branches of Science* in 1812 and one of the three, with John Collins Warren and Walter Channing, to purchase the *Medical Intelligencer*

16 years later and weld the two into the *Boston Medical and Surgical Journal*. John Ware, incidentally, a graduate of the Medical School in 1816, was president of the Massachusetts Medical Society from 1848 to 1852 and Hersey Professor of the Theory and Practice of Physic from 1856 to 1858.

Returning to Arthur and his noble knights as they went pricking o'er the plain, "the whole fabric of Arthurian Romance, which Malory and others have created, is," as the author writes in his preface, "anachronistic; the chivalry of the Middle Ages is engrafted upon the epic of a primitive race, and the product of this union has been fused by Tennyson in a Victorian atmosphere."

"All this, however, is entirely desirable. The cycle has been enriched by the accretion of centuries. Moreover, it is the essence of romance that it is not conditioned by

fact, space or time. That is what makes it immortally young and externally beautiful." It is what permitted Arthur to ride forth in shining armor in the sixth century, to defeat the armies of Lucius on the field of Burgundy and to be crowned emperor at Rome in his stead. It is what makes this amazing book the only single long poem that your present scrivener can remember having read from cover to cover, without skipping.

Life lives on life, and hope by hope
is fed.

Thus each year as the seasons wane,
we cast

A wistful backward gaze at what is
gone,

Cling to the glories of the past, and
dream

That their transcendent joy shall
come again.

REGIONAL ACTIVITIES

DENVER

Thomas Coleman, '44, Secretary of the Rocky Mountain Harvard Medical Alumni Association, reports on the recent visit by Dr. Joslin:

"The eighth annual Harvard Lecture, sponsored by the Rocky Mountain Harvard Medical School Alumni Association, was given at the University of Colorado Medical School by Dr. Elliott P. Joslin, '94, and Dr. Alexander Marble, '27, October 26, 1956. Dr. Joslin's title was 'Present Thoughts on the Treatment of Diabetes Based on Fifty-nine Years' Experience.' Dr. Marble spoke on the use of sulfonyleurea drugs in the treatment of diabetes.

"Our organization loaned these two eminent and enjoyable men to the lay members of the Colorado Diabetes Association the previous evening, and the address by Dr. Joslin will always be remembered as an impressive and stimulating ex-

perience. He and Dr. Marble answered questions from the audience afterward, displaying great skill and humor.

"At our dinner following the medical lecture, Dr. Joslin presented to Dr. Reginald Fitz a framed print of 'Chateau-Thierry given him 40 years ago by Dr. Fitz' father. This gift had been made on impulse, Dr. Joslin felt, and 'has been on my conscience ever since,' he said.

"We hope that Dr. Joslin and Dr. Marble will come again, and that they enjoyed giving us such a valuable two days. The doctors and patients alike had a good time with them."

KANSAS CITY

Jack W. Wolf, '34, was chairman of a meeting in Kansas City on October 22, at which Mark D. Altschule, '32, was the guest of honor, and he reports as follows:

"Dinner was held at the Bellerive Hotel in Kansas City, Missouri. Al-

together nine were present, but one was called away by the arrival of a baby, and another was only able to come after dinner was finished. Two made the trip of approximately 70 miles from St. Joseph, Missouri, to be present.

"The evening was entirely informal. Dr. Altschule did not give any speech, but through the informal conversation and discussions we got a very clear idea of how things are going at the Medical School. With the assistance of good food, a little alcoholic beverage and Dr. Altschule's sparkling wit and friendly personality, an enjoyable evening was had by all, I am sure.

"Dr. Altschule was in Kansas City serving as Visiting Chief of Medicine for the second annual A. Morris Ginsberg Memorial Medical Seminar at Menorah Medical Center. He gave a lecture and participated in ward rounds and panel discussions on each of the three days, October 22nd, 23rd and 24th. Dr. Altschule's audi-

ences were enthusiastic, and he left behind him a reputation for being a brilliant lecturer and an astute clinician which will long be remembered by the Medical Staff of Menorah Medical Center. Mark's efforts certainly reflected additional credit for Harvard Medical School. We hope to have him back some day."

ATLANTIC CITY

The third meeting of the Harvard Medical Alumni of Pennsylvania took place on Wednesday, October 24, in Atlantic City, New Jersey. This event, begun in 1954 by Wilbur E. Flannery, '35, takes place each year during the Annual Meeting of the Medical Society of the State of Pennsylvania. This year, a group of graduates, wives and guests, 21 in all, enjoyed a delightful dinner in the Tower Room in Haddon Hall.

The principal speaker of the evening was Sidney Farber, '27, who presented an interesting sketch of the School and the Faculty in general, then went into some detail concerning the Children's Cancer Research Foundation.

Dr. Flannery spent a few minutes describing the origin of the dinner, then announced that next year's

meeting would take place in Pittsburgh during the week of September 15, 1957.

The toastmaster of the evening was James R. Watson, '29, of Carnegie, Pennsylvania.

LOS ANGELES

The following was received from Lowell F. Bushnell, '33, Secretary of the Harvard Medical Alumni Association of Southern California:

"Sidney Farber, '27, Pathologist at the Children's Hospital, met with a combined group of laymen and Harvard Medical graduates at the University Club in Los Angeles on October 18 for a luncheon and a discussion of the newer therapies available in certain types of malignancies. The meeting was attended by 30 men, 17 of whom were graduates of the Medical School. Dr. Farber was introduced by Harry Dietrich, '32.

"The valuable information received from Dr. Farber was instrumental in producing questions which originated from the lay audience, as well as from the professional group."

ST. LOUIS

On Wednesday, October 24, Mark Altschule, '32, was the guest of honor at a dinner meeting of Harvard Medi-

cal School Alumni living in and near St. Louis. This was the second get-together in the space of three nights at which Dr. Altschule spoke. Arranged by Robert J. Glaser, '43B, the dinner was held at the Hotel Congress. It was highly successful, as can be seen by the fact that 30 men, about three-fourths of those living in the area, were on hand for the evening.

NEW YORK

The fall meeting of the Harvard Medical Society of New York was held on November 13, 1956, at the Harvard Club. There were 110 members and guests present, including many Harvard men who are currently serving internships and residencies in New York area hospitals.

The speaker of the evening was Lowell Thomas, famed radio commentator, who made his broadcast of world news direct from the speaker's table. Mr. Thomas afterward spoke of his experiences in the Middle East during World War I.

The present officers of the Society are: Howard A. Patterson, '25, President; Kenneth W. Thompson, '29, Vice-President; Otto E. Billo, '35, Secretary-Treasurer.

NEW APPOINTMENTS

Dr. Joseph Warren Gardella, Research Associate in Medicine at Harvard Medical School and Assistant in Medicine at Massachusetts General Hospital, has been named Assistant Dean for Student Affairs in the Faculty of Medicine, Harvard University.

As Assistant Dean, Dr. Gardella will be responsible for academic and non-academic aspects of student activities in the Medical School. He will work with Faculty committees concerned with the revision of teaching programs and with the details of student loans and scholarships, military affairs and student health.

Dr. Gardella succeeds Dr. William Francis Ketchum who plans to re-

turn to private practice. Dr. Ketchum has served as Assistant Dean since 1955.

A native of Medford, Massachusetts, Dr. Gardella prepared at Worcester Academy and received the Bachelor of Science degree from Harvard College in 1941, and the M.D. from Johns Hopkins in 1944. After his internship and residency in medicine at the Massachusetts General Hospital, Dr. Gardella entered the Army and served as Assistant Chief of Medicine at Ft. Meade Regional Hospital, Ft. Meade, Maryland. Later he was a research fellow at Peter Bent Brigham Hospital, after which he became research fellow and assistant in medicine at the Mary-

Imogene Bassett Hospital in Coopers-town, New York.

At Harvard College, Dr. Gardella was a halfback on the varsity football team and was Captain of the team in 1940. The 1940 team capped a season of three wins, two losses and three ties with a decisive 28-0 victory over Yale.

* * *

Dr. Paul C. Zemechnik, '36, has been appointed Collis P. Huntington Professor of Oncologic Medicine at Harvard Medical School and Director of the J. Collins Warren Laboratories of the Huntington Memorial Hospital at the Massachusetts General Hospital. He will also serve as Chairman

of the Executive Committee of the Departments of Medicine at the Medical School. He succeeds Dr. Joseph C. Aub, Professor of Research Medicine, *Emeritus*, who retired last summer from the University and Hospital posts. Dr. Aub continues his research and also serves as physician on the staff and a member of the Board of Consultation at Massachusetts General Hospital.

Since 1910 both cancer research and teaching concerned with the clinical care of cancer patients at the Harvard Medical School have been centered in the Huntington Memorial Hospital and the Warren Laboratories. The hospital-laboratory combination was one of the first established in the United States dedicated to cancer research and the care of cancer patients. Since 1942, when the University decided that the care and treatment of cancer patients, and research into the causes of the disease could better be served within a large general hospital, the Huntington

Hospital and Warren Laboratories have been a physical part of the Massachusetts General Hospital. Since 1951 the hospital and laboratory services have been located in the new Research Building there.

In his investigations of chemical processes in both normal and tumor or cancer cells, Dr. Zamecnik has directed his major attention to the incorporation of amino acids into proteins—the building of proteins by body cells.

Dr. Zamecnik was born in Cleveland, Ohio, on November 22, 1912. He received the A.B. degree, *magna cum laude*, at Dartmouth College in 1933, and the M.D. at Harvard Medical School in 1936. While a student at the Medical School, he worked at the Collis P. Huntington Memorial Hospital. He interned in medicine at University Hospitals, Cleveland.

In 1939-40 Dr. Zamecnik was a Moseley Travelling Fellow from Harvard Medical School and Visiting Investigator at the Carlsberg Laboratory, Copenhagen, Denmark.

On his return to the United States he served as a Finney Howell Research Fellow at the Rockefeller Institute for Medical Research in New York. He joined the H.M.S. staff as an instructor in medicine in 1942, and at the same time was named assistant in medicine at the Massachusetts General Hospital.

In 1946, and again in 1950, Dr. Zamecnik shared the John Collins Warren Triennial Prize given every three years at the M.G.H. The prize, founded by the late Dr. J. Mason Warren in memory of his father, is awarded to the author (or authors) of the best dissertations on some subject in Physiology, Surgery or Pathological Anatomy. In 1946, Dr. Zamecnik shared the award with Dr. Fritz Lipmann, Professor of Biological Chemistry at the Massachusetts General Hospital and, in 1950, with Dr. Ivan D. Frantz, Jr., a former member of the Hospital staff, and Dr. Mary L. Stephenson, a member of his laboratory staff.



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LETTERS

The World of Islam

To the Editor of the *Bulletin*:

By all means, old Jibran Yusuf Skeirik of our class of 1929 should be writing this. But he is no longer with us, so I'll pinch hit.

The Reverend Horton's religious effusion in the *Bulletin* ("Religio Medici," October 1956) reads very well, and it probably will do none of us any harm to stop and meditate on things that cannot be auscultated or palpated. But—this business of Moslems thinking that a somewhat capricious God has the world hanging on his belt—even a superstitious Moslem (and there are quite a lot of them—almost as many as there are superstitious Christians) scarcely believes such a thing.

And as for there being in "Islam a less firm belief in the unchangeable and dependable character of God . . ." let one meditate on the beautiful 112th chapter of the Koran (and I quote it in full):

God is one.

God is Eternal.

He begets not, nor was He begotten, Nor is there anyone like unto Him.

Good Unitarian doctrine, you see. Indeed, one learned and scholarly translator and annotator of the Koran makes a remark in a footnote that "Unitarians are almost Moslems." Islam never quarreled with Galileo or Darwin!

EDWARD PARNALL, '29

To the Editor of the *Bulletin*:

Dr. Parnall has underscored my point that "not all of Islam has the conception of God I have been describing."

I leave it to anyone who has lived in Moslem lands, however, as to whether Allah is not usually felt to be a kind of fate—"one," "eternal," not "begetting" nor "begotten," to be sure, but still a kind of fate whose ways are ultimately inscrutable—rather than a God of character whose ways are fixed, discoverable and ultimately knowable.

DOUGLAS HORTON

Dean of the Faculty of Divinity
Harvard University

"Reidbach Falls"—My Eye!

To the Editor of the *Bulletin*:

To those of us who, while walking from Meiringen to Rosenlauri, have

made the "small detour" to the Falls of Reichenbach almost a yearly pilgrimage since our first visit in 1916, the abbreviation and modernization of the name of one of the longest waterfalls in the Alps ("The Birth of Sherlock Holmes") comes as a distinct shock. Two intervening wars, I know, have brought many changes in Europe geographically, but surely not in Switzerland, the most stable of all the central European states. When last seen in 1939, the slippery path to the Falls ended just as abruptly as in Holmes's time, "the thick flickering curtain of spray hissing for ever upwards" seemed unchanged and the name, at least to the natives and in the local guidebooks, remained the Upper Reichenbach Falls. Only the Englischer Hof at Meiringen had disappeared, for I had to put up at the Grand-Hotel du Sauvage-Wildenmann, where the English Church, as many will remember, very appropriately stands in the hotel garden. Although Peter Steiler, the elder, who was to give such a severe shock to Dr. Watson when, after leaving Holmes alone at the Falls and returning to Meiringen, has long since gone to his rest, there are many of his descendants in Switzerland and not a few in America.

The waterfall, the path and Holmes, with his alpine stick leaning against the large boulder, is clearly depicted by Sidney Paget in the original illustration appearing in *The Strand Magazine* for 1893, based, naturally, on the eyewitness account of the reliable doctor, expanded with a true artist's natural license. Every medical student must know the name of Sir James Paget, but perhaps not Sidney, whose brother Walter was used as the original model of Sherlock Holmes in those unforgettable pictures in "The Adventures" and "The Memoirs," the latter containing "The Final Problem." Was ever a struggle to death on the brink of a chasm more dramatically pictured!

Even Baedeker (27th revised edition of 1928, which is about as far up-to-date as can be expected from one brought up in the gaslight era) records in a classic understatement so dear to the hearts of all Englishmen, that "it will be remembered that Sherlock Holmes disappeared at the Reichenbach Falls." Although even the Falls may change its name (which I question), Holmes's disappearance on the afternoon of May 4th will indeed long "be remembered."

HENRY R. VIETS, '16

To the Editor of the *Bulletin*:

I am very happy that a typographical oversight stimulated from Dr. Viets such a torrent of wit—a torrent even greater and more majestic than that of *Reichenbach Falls*.

ROBERT M. GOLDWYN, '56

If the Specs Fit . . .

To the Editor of the *Bulletin*:

The *Harvard Medical Alumni Bulletin* of October, 1956, is really most interesting and lively. I want to congratulate you and the Editorial Board for the transfusion that has been successful.

However, Dr. Robert Goldwyn in his article, "The Birth of Sherlock Holmes," says that: "Doyle had amused himself by correcting refractions and prescribing glasses in the Portsmouth Eye Hospital."

I don't know that one amuses himself by correcting refractions, etc., any more than one amuses himself by putting a splint on a leg or removing an appendix, etc. However, that is not too important.

The next sentence, "He decided to go to Vienna to learn optometry," represents a serious lack of knowledge which surprises me in a recent graduate. In the first place, the technique of optometry was not devised until early in the present century. Vienna, therefore, did not have a school in optometry, and they do not have a school of optometry, so far as I know, now.

A little farther on in the article he says, "Doyle returned to London from Vienna in six months—a specialist in optometry." Then he says, "Doyle was not only an optometrist, but an optimist."

It is shocking to me to learn that a graduate from the great Harvard Medical School does not know the difference between an optometrist and an ophthalmologist. It is also shocking that the Editors apparently do not know the difference either. It must be a great blow to your great professor in ophthalmology at Harvard, Edwin B. Dunphy, to see the fruits of his endeavors exposed so blatantly on the sheets of what is otherwise an accurate and interesting journal.

I could give you a polemic on optometry; for example, pointing out that it is pretty much of a pseudoscience, that optometrists have succeeded in befuddling the public by calling themselves doctors, wearing white coats, calling their teaching places clinics and their students interns. I have neither the desire nor the

time to give such a polemic, but suggest that Dr. Goldwyn be assigned the task of writing out one hundred times the definitions of optometrists, opticians, oculists and ophthalmologists.

I certainly think that Professor Dunphy ought to have his attention attracted to this part of Goldwyn's article, and perhaps he would be willing to give Goldwyn and your Editorial Staff a lecture on ophthalmology and what it does to prevent blindness and restore sight. It is as important a field in medicine as hand surgery or other medical specialities. I, for one, would rather lose one or both arms, one or both legs, than to lose my eyes, and I am sure many people feel the same way.

DERRICK VAIL, '23

To the Editor of the *Bulletin*:

It was with asbestos glasses that I read the letter from Dr. Vail, Professor of Ophthalmology at Northwestern University. Perhaps Dr. Vail runs his professional life differently from the way Arthur Conan Doyle did, but Sir Arthur states (page 85, *Memories and Adventures*) "... I had been interested in eye work and had amused myself by correcting refractions and ordering glasses in the Portsmouth Eye Hospital..." I am sure that Dr. Vail would not have wished to deprive Sir Arthur of his pleasure, even though it was derived from his profession.

Dr. Vail is absolutely correct in pointing out that Doyle might have been an optimist, but not an optometrist. He was an oculist. He became an oculist after six months of study in Vienna and a few days of study in Paris with Landolt, then the most famous French oculist. Upon return, he chose his London offices with the plan that he would specialize in correcting refractions and prescribing glasses—a task which he as a young penniless doctor would willingly do, but which more established men might find tedious and time-consuming. I wish to dispel any paranoid feelings that Dr. Vail and other readers might have by my inadvertently aligning ophthalmology, oculism and optometry. These most certainly are different fields of endeavor—but, to paraphrase—if the specs fit, wear them. Also I regret that my article caused Dr. Vail to duplicate the classic castration theme shown in the final part of his letter—fear of losing eyes, arms and legs.

With an eye to less spectacle-ar discussion, I am, yours respectfully,

ROBERT M. GOLDWYN, '56

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George Bernays Wislocki, M. D.

1892-1956



Dr. Wislocki

The School, and a wide community of scholars and friends were saddened, on October 22, 1956, by the death of Dr. George Bernays Wislocki, head of the Department of Anatomy since 1931. The School has lost a great teacher, and anatomy one of its most important leaders.

Dr. Wislocki's stewardship of the Department coincided with great changes in the orientation of anatomy, and to this new orientation he

contributed significantly through his personal researches, his teaching and his creation of new teachers. At the time of his appointment, anatomy was concerned mainly with morphology, with emphasis on descriptive embryology. His activities helped extend anatomy into the general realm of function. Dr. Wislocki's most notable studies were concerned with the pituitary gland, the reproductive system, and latterly with cellular function as revealed by histochemistry. He corrected previous misconceptions concerning the vascular relationship of the pituitary and hypothalamus. He also indicated that the intermediary lobe was an accident of contiguity of the other parts of the gland, since the anterior and posterior lobes were distinct in many animals. While describing variations in the different parts of the reproductive system in many animals, he paid particular attention to the physiology involved. One important work in this field was that of the relation of gonadal and associated activity to antler growth in the deer—a study which was of particular interest to students of bone growth. He was probably the world's authority on placentation. He used histochemistry to define cellular function on a microscopic and ultra-

microscopic basis. In recognition of his part in establishing this approach as a basic part of histologic study, he was made first President of the Histochemical Society.

To his studies George Wislocki brought an unusually gifted and disciplined mind, and the best of all motivations: a zestful love of learning and a love of his fellow men. There were further significant attributes: a well-based general scholarship, including an interest in all manifestations of life, a freedom from the thrall of tradition, and a wholehearted endorsement of the pragmatic philosophy. He often expressed an appreciation of Santayana, whom he resembled in brilliance, emotional depth and sunny humanism.

While recognizing the value of appropriate techniques in research, Dr. Wislocki never fell into the error of becoming so enamored of a method that its use became an end in itself. He felt free to use whatever technique would most contribute to the solution of a problem. In his "pituitary phase," his dissecting kit included rubber boots and an axe, used in exploring the intracranial reaches of the whale; he was accustomed also to jungle tramping in Central America for the acquisition

of sloths and monkeys; yet he could with apparent ease learn and extend intricate chemical processes for cellular study, and in his later years he became adept at electron microscopy.

To his students he offered the teacher's best gift: the example of excellence. His involvement in science was obviously sincere. His interest in colleagues and students was warm, his own mind keen and free of all bias. His thinking was utterly honest, his utterances completely frank.

While presenting anatomy to the student as a branch of general learning and particularly of biology, he reflected his own study of medicine by an awareness of the doctor's daily needs. He gave the department balance, by fostering the teaching of the

applied aspects of anatomy alongside more basic matters.

He encouraged every member of his department to follow his own originality, so that the department came to house men interested not only in anatomy, but in clinical medicine, surgery, dermatology, obstetrics, fertility, comparative anatomy, comparative and human physiology and neurophysiology. During his stay at Harvard Dr. Wislocki trained many young men for academic careers. Several of these now head the anatomical departments in some of the country's leading medical schools. His activities did not escape the notice of the organizations of learned men. Of his many honors, one may mention his election to membership

in the National Academy of Sciences and the American Academy of Arts and Sciences, to honorary fellowship in the Zoological Society of London, and the Anatomical Society of Great Britain and Ireland. Harvard granted him the honorary degree of Master of Arts, and Washington University that of Doctor of Science.

The last eleven years of his life were carried on under the handicap of disabling, and at times painful, illness. Happy Warrior that he was, he carried on vigorously and smilingly, leaving us an example of unexcelled courage. To us all his passing is a personal tragedy. We salute him as a great teacher—a warm friend—and a great human being.

EDWARD A. EDWARDS, M.D.

+ + +

AT THE FUNERAL OF GEORGE BERNAYS WISLOCKI, M.D.

God bless you, George, and speed you on your way,
Whether you go the Kingdom of the Blest
Or to Arvernus, or, as the Chinese say,
To the Yellow Springs, or the Land of Proserpine
(For those six seeds she inadvertently
Ate, that moment in mythology)
Or even to the Happy Hunting Ground
As buffaloes that took the Mortal Wound.

It matters little now because the way
You lived your life was so complete and full,
So rich and varied; you taught many men
A path to freedom they will tread again
With others. You gave something of yourself.
You were never a dry book on a shelf;
You were an excellent anatomist.

MERRILL MOORE, M.D.

Bert Barnet Hershenson *1898-1956*

Bert Barnet Hershenson, '27, director of anesthesia at Boston Lying-In Hospital since 1942 and clinical associate in anesthesia at Harvard Medical School, died of a heart attack at his home in Brookline on October 5, 1956. The following tribute to Dr. Hershenson was presented at his funeral by Dr. Duncan E. Reid.

On this sad occasion of the death of Dr. Bert Hershenson, we must remind ourselves that we have been privileged to know and be associated with one of those few individuals through whom, by virtue of his contributions, medicine has reached a new milestone. Having known this man in a very intimate and personal way, perhaps I can in a small measure indicate to you the kind of a physician he was and the great loss which the institutions he served so loyally must now bear.

Early in his career, after graduating from the Harvard Medical School, he was attracted to the challenges of teaching and the intellectual stimulation to be derived from research. Among other fields of medicine, he did postgraduate work

in physiology and later taught this subject; and some time later sought training which was to make him an expert in the science and art of anesthesia. This field, perhaps more than any other branch of medicine, has made outstanding progress in the past two decades. It has contributed very practically to the safe alleviation of pain by new methods and techniques.

By nature a gentle and sensitive individual, he was temperamentally suited to apply his specialized knowledge and techniques to the relief of pain in childbirth. Returning to Harvard, and for the purpose of developing a new department of anesthesia at the Boston Lying-In Hospital, he made outstanding professional contributions. In point of fact, he was the first individual with scholarly stature to devote his complete professional life to obstetric anesthesia and to establish such a department. Over the years he has worked and studied to assure the safety in delivery of mother and baby, and in this pursuit he has been guided by a profound respect for the very basic right of the newborn

infant to be born without handicap. In his chosen field as a physician, teacher and investigator, he worked quietly and fruitfully, his efforts culminating in the recent publication of a textbook which incorporated his principles and experience. This book will dictate the high standards so necessary for this field of anesthesia, and bring to it a significance and dignity which it deserves and must maintain. Those close to the profession realize that this work fulfills in large measure a great need. The influence of his writings is reflected in a very tangible way by the fact that physicians and those responsible for the operation of hospitals which care for pregnant patients are beginning to realize that anesthesia must receive a priority for the ultimate in safety for the mother and her infant.

In man's effort to study and influence his environment, it falls to a few of us to chart new directions and establish significant landmarks. Dr. Bert Hershenson was a pioneer in the field of obstetric anesthesia, and women in childbirth will be indebted to him for time to come. While his death at a too early age is difficult to bear, a useful and productive life is not measured in years, but by accomplishment.

Harlan Fay Newton *1895-1956*

Harlan Fay Newton of the Class of 1920 died in Boston in his 62nd year of a coronary occlusion.

Harlan Newton was born in 1895 in Winchester, Massachusetts, the son of a New England minister. His early schooling was in the New England tradition: Phillips Academy and Yale College, where he early displayed his wonderful love of people and gregariousness. He rowed on the crew and was an active participant in many undergraduate extracurricular activities.

From 1916 to 1920 he was at Har-

vard Medical School. Following his graduation he spent a year with Dr. Frank Mallory in pathology at the Boston City Hospital before coming to the Peter Bent Brigham Hospital to complete the surgical residency under Harvey Cushing. In 1926 he worked with Walter B. Cannon in the department of physiology at a time when the latter was interested in the effects of denervation of the heart.

He married Barbara W. Hedges in 1926 and together in 1927 they enjoyed a wonderful year in Ham-

burg, Germany, working with Brauer in the budding field of thoracic surgery, which was to become his major interest.

In 1928 he returned to the Brigham, which he was soon to call his home, and which was to so remain until his death. He entered enthusiastically into the Brigham teaching program and into an active, truly general surgical, clinical life. He was directly responsible for setting up the surgical service at the Middlesex County Tuberculosis Sanitarium, and as chief of this service until his death, contributed immensely to the high caliber of pulmonary surgery and teaching that has prevailed at that institution.

Harlan Newton's devotion to his patients was unbounded. His respect

for the small but important details of patient care never lagged; his understanding of patients' emotions, frequently lost to others, was a source of comfort and stability to many of the sick for whom he cared.

For those of us who profited from his teaching, his understanding ways and his soft sense of humor, his greatest attribute was the calmness and warmth he showed in his dealings with other people. Impatient hurrying was not in his make-up. One had the feeling, on passing him in the morning, that when he stopped to ask "How are you?" he really wanted to know.

Harlan Newton busied himself with many things. He was a Deacon in his church; he was Commodore of his yacht club in Falmouth; he liked to sail; he liked to fish—but his greatest fondness was for his family, with whom he shared so many activities, so many joys. We, his colleagues, now share with his family his loss.

J. R. B.

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A catalogue of the School, admission and scholarship applica-

tions, and further information may be obtained by writing to the Secretary of Admissions and Scholarships, Harvard School of Public Health, 55 Shattuck Street, Boston 15, Massachusetts. Scholarship applicants must return complete admission and scholarship applications to the Harvard School of Public Health by *March 1, 1957*. Scholarship awards will be announced May 1, 1957. Under exceptional circumstances awards will be made at other times.

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ALUMNI NOTES

1886

Carroll Baldwin Ross died in West Rutland, Vermont, October 9, 1956, several days after he had suffered a fractured hip in a fall at his home. Dr. Ross had practiced in West Rutland for 65 years. His father and great-grandfather were physicians, as is his brother, Lucretius H. Ross ('98) and one of his sons, Stewart ('24). His great-great-grandmother was a midwife during the Revolutionary War. Dr. Ross was born in East Poultny, Vermont, August 23, 1861, and attended Troy Conference Academy in Poultny. He was Phi Beta Kappa at Middlebury College, from which he graduated in 1882. After his graduation from Harvard Medical School, he established his practice in West Rutland, and that same year he married Miss Ada L. Dunton. In 1897 (Mrs. Ross had died in 1892), Dr. Ross married the former Harriet W. Stewart of West Rutland. Survivors include five children, Paul Dunton Ross of California and Mrs. John Hoyt of Merritt Island, Florida, by his first marriage; and Dr. Stewart Ross of Rutland, Donald of West Rutland and Richard Emory of Gloversville, New York; also his brother, Dr. Lucretius Ross of Bennington, Vermont.

1898

James Spencer Moores died at East Providence, Rhode Island on October 1, 1956. A note from Lucretius Henry Ross: "Although I am 89 years old, I still do some professional work. It may interest you to know that I am Chairman of the Board of Trustees of an institution of learning which has a good endowment, but has no campus, no buildings, no faculty and no students!"

1899

Carl Custer Crane died at San Francisco, California, July 1, 1956. Dr. Crane, who was 80 at the time of his death of a heart attack, served on the staffs of the University of California, St. Francis Memorial and Mary's Help Hospitals.

Frank Julius Geib died at Cleveland, Ohio, June 21, 1956, of heart disease at the age of 83. He had been on the staffs of the City Hospital, St. Vincent Charity Hospital and St. Alexis Hospital, and was formerly on the faculty of the Western Reserve University School of Medicine. He was a member of the Cleveland Academy of Medicine and the Cleveland Medical Library.

Robert Bayley Osgood died in Boston on October 2, 1956. A native of Salem, Massachusetts, Dr. Osgood attended Amherst College, and, after his graduation from the Medical School, practiced in Boston until he was forced to retire because of illness eight years ago. A member of the Harvard Medical School Faculty for many years, Dr. Osgood was John Ball and Buckminster Brown Professor of Orthopedic Surgery, *Emeritus*. He was an expert

on diseases of the bones and joints and considered a pioneer in the development of treatments for rheumatism and arthritis. He was formerly chief of staff of the orthopedic service at Massachusetts General and Children's Hospitals and had been a member of the advisory committee on services for crippled children of the Children's Bureau, Department of Labor. He was also chairman of the advisory board of orthopedic surgeons to the trustees of the Shriners Hospitals for Crippled Children. In 1935, Amherst College conferred the degree of Doctor of Science on him. Dr. Osgood was a Fellow of the American College of Surgeons and an Honorary Fellow of the Royal College of Surgeons. He leaves his widow, Margaret, and a daughter, Mrs. Ellen Jennings of Ipswich.

1900

Harris Bigelow Haskell died at Augusta, Maine, on September 6, 1956. A native of Maine whose father had been pastor of the Falmouth Congregational Church, Dr. Haskell graduated from Phillips Academy, Andover, Massachusetts and Amherst College (1894). He interned at Boston City Hospital and later practiced medicine in Auburndale, Massachusetts, Seattle, Washington and Leicester, Massachusetts, before returning to Maine in 1944, where he practiced until his retirement in 1948. Dr. Haskell was a first lieutenant in World War I and served as Contract Surgeon, Tuberculosis Board at Camp Lewis, Washington. During World War II he was in charge of the hospital of a shipbuilding plant in South Portland, Maine. Among many honors he received was an inscribed 55-year Service Pin, presented to him this past June by the Maine Medical Association. Dr. Haskell is survived by his widow, the former Bertha Lambert Martson, a daughter, Mary Annis Haskell Williamson, and three grandsons, Joseph, David and William.

George Dow Scott died at Cambridge, Massachusetts, on November 20, 1956.

1902

John Land Neilson, Captain, U. S. Navy, Retired, died at his home in Washington, D. C., June 14, 1956, after a long illness. In October after his graduation from the Medical School, Captain Neilson was appointed an assistant surgeon in the Navy, and he remained in the service for 43 years during which time he served as commanding officer of the naval hospitals at Guam, San Diego, Pearl Harbor and Mare Island, California. He also served aboard the *USS Buffalo*, in the office of the Navy surgeon general, as flag surgeon of the U.S. Pacific Fleet, Destroyer Force and aboard the *USS California*. In addition Captain Neilson was a member of the Navy Retirement Board in Washington. Survivors include his widow, the former Caroline McDougal, two daughters and six grandchildren.

1904

Hamilton Theodore King died at Newport, Rhode Island, on July 19, 1956 at the age of 76. He was a veteran of World War I, and formerly practiced in Joliet, Illinois, where he was on the staffs of the Silver Cross and St. Joseph's Hospitals.

Henry Hamilton Wheeler died at Toronto, Ontario, on August 28, 1956.

1908

Louis Harry Newburgh died at Escondido, California, July 17, 1956. Dr. Newburgh was a native of Cincinnati, Ohio, and in 1916 he joined the faculty of the University of Michigan Medical School in Ann Arbor. At the time of his death he was professor *emeritus* of clinical investigation in internal medicine. He was a specialist certified by the American Board of Internal Medicine, a member of the American Society for Clinical Investigation and a Fellow of the American College of Physicians. Dr. Newburgh was secretary of the special medical examining board during World War I, and he received a certificate of merit for services in the Office of Strategic Research and Development in World War II.

1910

James Joseph McCarthy, Jr. died at Chicago, Illinois, May 28, 1956. He leaves his widow, the former Helen Connery, a daughter, Mrs. Helen Marie Stearns, and a son, James J., III.

1911

Harold Lindsay Amoss died at Greenwich, Connecticut, on November 2, 1956. Dr. Amoss, the son and grandson of a physician, was born in Kentucky in 1886 and received the B.S. and M.S. degrees from the University of Kentucky before entering the Harvard Medical School. Besides his M.D., he also obtained a doctorate in public health from Harvard in 1912 and an honorary Sc.D. from George Washington University in 1922. Dr. Amoss was an instructor in preventive medicine at Harvard from 1909 to 1912, and from then until 1922 was an assistant associate member of the Rockefeller Institute. In 1922 he became an associate professor of medicine at Johns Hopkins University. From 1930 to 1933 he was a professor of medicine at Duke University, and since then had been consultant in medicine at the Grasslands, White Plains, Greenwich, United and Northern Westchester Hospitals. Before attending Harvard, Dr. Amoss had been an assistant chemist with the Kentucky Agricultural Experiment Station. He was also on the staff of the Hygienic Laboratory of the United States Public Health Service and the Bureau of Chemistry of the Department of Agriculture. Dr. Amoss served in the Army Medical Corps in World War I, attaining the rank of major. He leaves his widow, the former Marguerite DuPree Moore, two sons, Harold, Jr., of Kabul, Afghanistan,

